

Art Therapy with the LGBTQ Community

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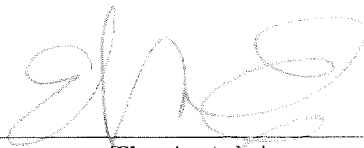
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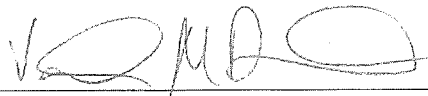
An exploration of Art Therapy with the LGBTQ Community

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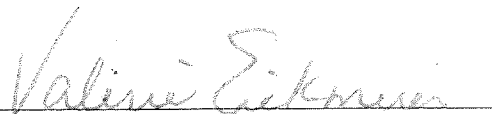


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ABSTRACT

The Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community is a population that has faced discrimination for many years. There has been a shift in attitudes towards this community following the rise of the 45th presidential administration. Noteworthy events that have impacted this community are briefly explored, to provide context for what these individuals have and continue to face in this society. This ranges from when homosexuality was defined as a mental disorder, to the present military travel ban on transgender individuals. As this discussion continues, the issue of increased mortality rates of individuals that identify as LGBTQ is explored, connecting to the impact of historical and current events. The importance of identity to this community is briefly discussed, specifically sexuality and gender, stressing the impact these events have. Additionally, there is a brief overview of important terminology that is explained and defined for the reader, to provide a comprehensive understanding of LGBTQ identities and the community. Art therapy is one treatment approach that can serve this community. The intention of this scoping review is to identify what is in best practice in art therapy to service this community. The results of the study compiles art therapy and psychotherapeutic approaches and reports on what is found to best serve this population.

Keywords: LGBTQ, lesbian, gay, bisexual, trans, queer, art, art therapy, psychotherapy, current events

DEDICATION

This scoping review is dedicated to people in the LGBTQ community. Know that someone will always be here for you, remember this and know you are not alone.

ACKNOWLEDGEMENTS

I want to thank my friends, family members, for their support, understanding, and love through this process. There were certainly times I was not my best self and still you all stood by me despite this. My instructors and advisors; Valerie McDaniel, Amy Granger, Michelle Itczak, Juliet King, and Eileen Misluk; for their guidance, words of affirmation in this process, and fresh eyes to see what I could not see at times. Lastly, my cohort and fellow art therapists; Bailee Chilman, Heather Davis, Brittany Hinkle, Lauren King, Jessie Swihart, Courtney Thompson, and Dani Yates; for the coffee dates, shoulders to cry on, and endless humor to lift my spirits. Without these, and other individuals in my life, I could not have completed this without you. I love you. Thank you.

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CHAPTER I

INTRODUCTION

Therapy can assist those that are perceived as other, or different from the majority group (Yi, 2010). Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals face unique struggles that tie directly to how they are perceived and interact in society. Overall there is simply not enough research showing how art therapy has helped the LGBTQ community and even less research available in exploring what practices are the most ideal when addressing identity, self-exploration, suicidality, and the lack of acceptance (Ahuja, 2016; Haas and Lane, 2015; Hirsch et al., 2016). There needs to be more research done to show what has been used with this population and is considered to best serve these individuals, specifically in the art therapy field (Coyle, 2017).

This study used a scoping review format that collected data from books and journal articles from several databases to elaborate on the approaches in art therapy, techniques in psychotherapy, and other frameworks available to best serve this community. The literature collected and analyzed will be used to comprise a suggested list of what is best to use with this population for art therapists for future use with clients that identify as LGBTQ.

The current political climate of the United States is one that is shifting the attitudes towards individuals within the LGBTQ community. Data published by The Harris Poll (2017) on behalf of the Gay & Lesbian Alliance Against Defamation (GLAAD) showed that 36% of Americans feel that the US has “gone too far,” in allowing transgender individuals to present according to what they feel is their gender identity. Concerns of receiving healthcare and job security are other factors which impact the LGBTQ community. Public policy changes such as the military ban on trans individuals, imposed by the 45th president has also created a rift in

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America regarding how this community is perceived (GLAAD, 2018). LGBTQ individuals are struggling to connect to the world when their internal world differs from what is expected in the external world (Ehrensaft, 2012; Greene, 2005).

Identity is a complex interaction between the social and internal worlds, most individuals have multiple identities that interact simultaneously (Greene, 2005). One's identity can be more meaningful based on development or social context (Greene, 2005). Identity in relation to the LGBTQ community is one that greatly impacts how these individuals interact with others and thrive in our society (Ahuja, 2016; Greene, 2005; Hirsch et al., 2016).

Art therapy offers an opportunity for the creative process, with therapeutic techniques, to provide a space that encourages one to explore their own unique identity. Art therapists select art materials and art making tasks in accordance with therapeutic goals. The non-verbal process of creating offers individuals a way to explore issues in an entirely different way, developing understanding of another's viewpoint while encouraging empathic response (Hinz, 2009). In this study therapeutic areas of focus included an exploration of therapists examining their own bias towards the LGBTQ community, creating a welcoming space in the therapeutic setting, and specific directives that can best serve this community.

This scoping review explored what art therapy techniques, psychotherapy techniques, and theoretical frameworks have shown to best serve the LGBTQ community. As a result of this research, it was anticipated that these three aspects can help to show what is reported as best serving the LGBTQ community, providing therapists and art therapists with options that can best serve individuals they serve in this population.

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The question considered when exploring this information was: how can art therapy address the concerns LGBTQ individuals may have pertaining to identity? It is anticipated that frameworks for working with LGBTQ clients will emerge.

Operational Definitions

Art Therapy- Art Therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Art Therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community concerns. Art Therapy is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce, and resolve conflicts and distress, and advance societal and ecological change (The American Art Therapy Association, 2017).

Bisexual (Bi)- Being emotionally and sexually attracted to people of other genders (typically referred to as “both” genders). This does not presume the individual is non-monogamous (Lee, 2006, pp. 216).

Binary (Binary System) – Made up of two opposing parts, for example gender (masculine/feminine) and sex (male/female) (The Trevor Project, 2017).

Coming out- The process of recognizing and acknowledging non-heterosexual orientations or transgender identity to oneself, then sharing it with others. This process is done in stages and is a nonlinear, life long process (Lee, 2006, pp. 216).

Cisgender (Cis)- Those who identify with their sex assigned at birth, meaning their gender roles will align with their sex at birth (The Trevor Project, 2017).

Gender- A set of social, psychological, and emotional traits, often influenced by societal expectations. Individuals are classified as masculine, feminine, androgynous, or other (Lee, 2006, pp. 216).

Gender identity- One's inner sense of being a man, woman, both, or neither. Usually this aligns with the person's sex, but this is not always so (Lee, 2006).

Gender-nonconforming- Behaving in a way that does not match with social stereotypes about male or female gender. This is typically done through dress or physical appearance (Lee, 2006, pp. 216).

Gender variant- A term describing individuals that do not conform to a gender binary structure, more specifically gender in the terms of male/masculine and female/feminine. This includes individuals who identify outside of this construct entirely (Beaumont, 2012).

Heterosexual- A clinical term for someone who is attracted to persons of the opposite gender (Lee, 2006, pp. 217).

Homophobia- "A fear of homosexuality and prejudice against gays and lesbians, avoidance/rejection of anyone suspected of being homosexual. A belief that homosexual feelings are shameful, loathsome, and disgusting" (Addison, 1996).

Homosexual- Formerly a clinical term used to describe the actions or attraction to people of the same sex, Gay is the more appropriate term to use (Lee, 2006, pp. 217).

Identity- The interaction between the social and internal worlds, most individuals have multiple identities that interact simultaneously, and can be more meaningful based on development or social context (Greene, 2005).

Intersectional Framework- Considering the issues of race, class, gender, and sexuality as they are simultaneously expressed (Talwar, 2010, pp. 15).

Lesbian- The term used to describe women who are attracted to other women (Lee, 2006, pp. 196).

Oppression- The effects of domination from certain groups in society over others, caused by both prejudice and power. Systems of oppression include: racism, sexism, homophobia, and transphobia (Lee, 2006, pp. 217).

Sex- The assignment/classification of people as male, female, intersex, or another sex assigned at birth, based on one's chromosomes (Lee, 2006).

Sexual orientation- One's core sense of the gender/s of people toward whom one feels romantically/sexually attracted (Lee, 2006, pp. 218).

Social Justice Framework- To acknowledge, respond to, and resolve hostile communities' problems and hostile community environments in ways that resist and transform oppressive individual and instructional beliefs, policies, and practices (Rhoades, 2012).

Transgender/Trans- Gender identities and expression that are outside of the traditional binary genders of male and female (Lee, 2006, pp. 196).

Queer- General term for gender and sexual minorities who are not cisgender or heterosexual. There can be overlap between queer and trans identities, but not all trans people are queer and not all queer people are trans (The Trevor Project, 2017).

CHAPTER II

METHODS

Scoping Review

This study employed a scoping literature review from The Joanna Briggs Institute (JBI) (2015) which explored areas of research and reported what was found, thus informing practices that exist within a topic area. This process provided an understanding of the extent of information that is available in a specific field (Peters et al., 2015; The Joanna Briggs Institute, 2015, pp.6-7). Through analysis, the applicability of the information is analyzed when searching and gaps are identified in the research (Arksey & O'Malley, 2017). Therefore, the search results yielded from researching treatment options for the LGBTQ community in the art therapy field will be mapped.

Policy mapping. After gathering published research, policy mapping is used to identify additional documentation regarding the search by collecting relevant policy documentation from both government and non-government institutions, such as professional organizations (Peters et al., 2015; The Joanna Briggs Institute, 2015; Arksey & O'Malley, 2017).

Data collection. The JBI methodology requires the following agenda. First, the research question will be identified, what will the study explore? There is an exploration of art therapy approaches for the LGBTQ community. Next, relevant data is obtained via online databases, websites, and reference lists. Specific keywords are identified in both the title and abstract to yield more results. This is repeated until searches have been exhausted. Relevant data is pulled, compiled, and charted. Finally, the findings are summarized and a report regarding the research is created (Arksey & O'Malley, 2017).

Data analysis. Data analysis in a scoping review begins by reviewing how many studies were examined. A brief narrative should follow that explains the method to search for results and why certain sources were chosen for this literature review (The Joanna Briggs Institute, 2015, pp. 20). A flow chart will accompany this narrative that provides insight into the search process, showing how decisions were made for inclusion of sources (The Joanna Briggs Institute, 2015, pp. 20). The work gathered will be grouped together on a topical basis and the relevance these sources have to this literature review is generally stated (The Joanna Briggs Institute, 2015, pp. 20).

Limitations and Delimitations

Delimitations will be defined by the number of search terms used, search engines, and results found. Limitations that are being considered are the results that come from searches that are not able to be utilized in this literature review. Another consideration is the nature of this literature review. Since a scoping literature review is being used, we are exploring relevant information via certain search terms and engines, with some narrative input.

CHAPTER III

LITERATURE REVIEW

As a note to the reader, pronouns used in this work will be they/them rather than s/he, to be more inclusive and respectful of the identities of transgender and non-binary individuals.

Understanding the LGBTQ Community

Historically there has always been an ongoing struggle for the LGBTQ community to receive acknowledgement and treatment in our society. In the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II), homosexuality was defined as a mental disorder, more specifically a sociopathic syndrome; this definition was kept until the third edition was published (Spitzer, 1981). Homosexuality was perceived not just as a disorder but also deviation from what was considered normal culture until the 1980s (Hocoy, 2005). At this time the American Psychological Association (APA) (Spitzer, 1981) defined homosexuality as a “sexual orientation disturbance,” depicting homosexuality as being a preference (para 16). In 1976, this was removed from the DSM, but the homophobia which resulted from this was, and continues to be pervasive (Hocoy, 2005).

Another concerning diagnosis, which is reported by Ehrensaft (2012), is the gender identity of childhood (GIDC); Ehrensaft noted that this can unintentionally pathologize children that are exhibiting healthy gender expression or exploration. GIDC is defined as a “Strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the other sex” (Ehrensaft, 2012, p. 533). Though once used as a formal diagnosis, this has been removed in the most current edition of the DSM, being relabeled as gender dysphoria in children (American Psychiatric Association, 2013b). Ehrensaft (2012) notes that renaming this diagnosis

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validates the internal struggles these individuals experience with their gender, by placing emphasis on the distress felt regarding one's gender identity.

The inclusion of homosexuality as a psychological disorder has stigmatized homosexuality as being innately wrong and has impacted not only gay and lesbian individuals, but all sexualities and gender variant people in this community. The LGBTQ community has worked to receive the same rights as their heterosexual counterparts, which continues to be an ongoing struggle. This history of struggling for civil rights and visibility in America is highly informative, yet is outside of the scope of the work being done in this study. The historical data provides a context for a deeper understanding while emphasizing why efforts are greatly needed in the current political climate of the country with regards to the LGBTQ community.

Impact of current events. In 2018, the Gay & Lesbian Alliance Against Defamation (GLAAD) released a report completed by The Harris Poll (2017) which found that Americans have decreased comfort when interacting with transgender individuals. The study identified that 31% Americans felt “very or somewhat uncomfortable with having a child that is instructed by a LGBT teacher” (slide 2) This is the highest it has been in the past four years. The same increase was seen with attitudes regarding “if their doctor was a member of the LGBT community” (The Harris Poll, 2017). There was approximately a 10% increase in reports of discrimination in 2017 than in 2016, with more Americans being identified as “detached supporters” than there had been two years prior (The Harris Poll, 2017, slide 2).

A survey was conducted by Ipsos Global Market Research in 2017 across 27 countries regarding attitudes towards transgender individuals (Clark, 2018). They found “32% of Americans believe transgender persons suffer from mental illness and are committing a sin” (Clark, 2018, slide 8). The report from the United States did not differ in their views when

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compared to Serbia where “50% believe that trans people violate culture and traditions” (Clark, 2018, slide 10). Based on the information gathered from these surveys, it suggests the trend of the political climate of the United States is changing in a way that negatively impacts the LGBTQ community. These surveys were administered during the political movement by the 45th president and allied lawmakers to attempt and subsequently fail to ban transgender individuals from serving in the military (GLAAD, 2018).

In addition, this administration has given an anti-LGBTQ speech at the Family Leadership Summit and allowed legal discrimination of the LGBTQ community via “religious exemptions” (GLAAD, 2018, para.12). Currently, members of the LGBTQ community can be fired legally from jobs in 28 states because of their sexual orientation and in 30 states for identifying as transgender (Out & Equal, 2017). However, there are 22 states, including the District of Columbia, that have legislation in place to protect LGBTQ individuals; with 67 % of Americans supporting legislation that protects LGBTQ individuals in the work place and 71% in favor of protective legislature regarding public accommodation and housing (Out & Equal, 2017). Stigma that follows the LGBTQ community has been present throughout the history of this community, stemming from the past when homosexuality was considered a diagnosable mental disorder to the current arising problems with the current administration. In lieu of this support, the data gathered by Ipsos Global Market Research (2018) shows that the stigma has only been exacerbated by current events.

Through policies like the ones described above, the LGBTQ community faces both active and passive erasure. Zappa (2017) noted that the refusal of the use of individual selected pronouns used by trans individuals constitutes misgendering which is a form of passive erasure. The intent is to not acknowledge the new identity, only accepting the biological gender. Zappa

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(2017) identified active erasure as policies that are meant to discriminate against members of the LGBTQ community such as refusal to guarantee specific rights like health care and jobs. Chung, Szymanski, and Markle (2012) expanded to include these rights that individuals in the LGBTQ community can be excluded from adopting or co-parenting children, receiving financial benefits, and prevention of receiving healthcare benefits for partners.

The military ban mentioned is another form of discrimination that trans individuals must face. The 45th president of the United States has stated via twitter that the government will “not accept or allow transgender individuals to serve in any capacity,” referring to the military. Despite this statement, the pentagon began to enlist trans individuals in January 2018 despite this (Associated Press, 2017). In support of transgender rights, four federal judges have openly opposed this ban (Associated Press, 2017). This comes after the 44th presidential administration had made progress to be more inclusive by lifting the long held and “outdated” transgender military ban (Kube, 2015), yet the current administration has attempted to undo this progress.

Another problematic part of American history and current culture the LGBTQ community has faced is the movement of conversion therapy. Currently 41 states have no laws or bans regarding this method of therapy to alter one’s sexual orientation from homosexual to heterosexual, thus this practice can continue and be considered legal (Brinton, 2018; Haldman, 2002). Only a small percentage of states in America have outlawed this practice on youth, and an estimated 698,000 adults have received this treatment as a way to change their sexual orientation or gender identity (Mallory, Brown, & Conron, 2018). These methods can use prayer, electrocution to the genitals, drugs with a side effect of nausea, masturbatory reconditioning, and retraining visual and social skills to “cure” their sexual orientation (Haldman, 2002). These methods resulted in harmful side effects both physically and psychologically and no conclusive

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evidence showed that these methods are effective. Although conversion therapists report a success rate of 11-37% (Chung, Szymanski, & Markle, 2012; Mallory, Brown, & Conron, 2018), The American Counseling Association (ACA) (2013) has denounced conversion therapy, finding it to be an unethical method of practice, despite being legal in the United States. Any form of therapy which regards to “curing” same sex attraction, or finds this attraction abnormal, is strictly opposed by the ACA (American Counseling Association, 2013).

Though there have been many obstacles and recent setbacks, progress for LGBTQ individuals has occurred as well. For example, the 44th presidential administration enacted the Marriage Equality Act of 2017, which allows a legal union of individuals as spouses regardless of their gender (Brownley, 2017). With the rise of attempts to “cure” individuals in this community, there has also been a rise in terms of public visibility in our society for LGBTQ individuals. Some examples include Neil Patrick Harris, a Gay actor that has a partner and two children; Ellen DeGeneres, a Lesbian talk show host, comedienne, voice actress and activist who also has a partner; and LaVerne Cox, a trans actress and activist. The visibility of these individuals and their achievements is a true triumph for the LGBTQ community but is unfortunately outside of the scope of the research being done. This information provided along with other historical context is limited and is included as a means to provide a glimpse of the LGBTQ experience and as a way to better understand the LGBTQ community.

Identity

Identity is one of the defining traits that hold great significance to the LGBTQ community, their sexuality is a part of who these individuals are and impacts how they experience the world around them (Ehrensaft, 2012). Many minority groups, including women, people of color, those with mental illnesses, and LGBTQ individuals, are considered differing

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from the norm and perceived as “other” (Yi, 2010). The oppression experienced by these minority groups because of this “otherness” can lead accepting projections from the majority group can lead to negative images of self (Yi, 2010). Struggles to liberate self from these perceptions can be difficult, but possible through deconstruction in therapy (Yi, 2010). The LGBTQ community has faced oppression in America because of how they identify, impacting critical parts of their lives such as jobs and healthcare benefits as previously mentioned (Ehrensaft, 2012). However, not having spaces to explore and validate one’s identity can largely be harmful to individuals in the LGBTQ community.

W.D. Winnicott (1965) outlined two different concepts of self: the true and false self, which show the difference between what is projected to the world and what is exclusively reserved and private. One’s true self is complex and relates to the reality that surrounds an individual; this develops through infancy and changes over time. The unique experiences an individual encounters after birth can help formulate this true self, in essence it is the core of one’s personality (Winnicott, 1965).

Just as there is a true self that depicts who one truly is, there is a false self which is created to mirror this self, providing a sense of balance, and ultimately hoping to keep the individual’s true self hidden. The false self is used to meet the expectations of one’s environment, helping to ease the tension, keeping the true self safe from harm that may occur from the outside environment (Winnicott, 1965). Knowing this piece of how identity is divided can help others comprehend the struggles of presenting a self that must conform to what is expected societally and how this may impact an individual when their true self is unable to conform.

In regards to LGBTQ individuals, Pelton-Sweet and Sherry (2008) highlighted the importance of the exploration of the self during the process of coming out to loved ones. This can be challenging and emotionally taxing to individuals in the LGBTQ community. There is an apparent conflict between the risk that lies in the potential for the LGBTQ community to face discrimination and social stigma in going through this process (Pelton-Sweet and Sherry, 2008). Alternatively, there is still a chance to experience validation in being open and vulnerable with the people they love through sharing this piece of themselves (Pelton-Sweet and Sherry, 2008). Hirsch et al. (2016) agreed that validation is important, and the authors questioned if there is impairment in visualizing the potential future that impact the client's mental health. Hirsch et al. (2016) suggested these individuals are becoming trapped in the current problems they face and how this may impact future planning. The work gathered regarding identity speaks to the importance this has for the LGBTQ community, as it emphasizes the necessity of exploring this theme to remain mentally and emotionally healthy. One way individuals in the LGBTQ community can express their identities is using various symbols, colors, and flags.

Symbols. To represent their identities, individuals included in the LGBTQ community possess many symbols that align one's identity with their own sexuality or gender identity. This has helped to develop a sense of community and pride. Addison (2002) identified the following symbols used in the LGBTQ community: the rainbow flag, pink triangle, the Greek letter 'lambda,' 'freedom rings' (six rainbow colored rings that interlock), and a yellow equal sign on a blue background. There are some symbols that represent specific identities, for example one symbol commonly used by Bisexual individuals is a blue triangle overlapping a pink one to create a purple triangle. For Queer individuals the yellow equal sign on a blue background is one symbol used.

Some symbols have historical relevance, the pink triangle was worn by gay men during the Holocaust. It has since been reclaimed by Gay men to be a symbol of identification and empowerment. For Lesbian individuals, the labrys is an image of a double headed axe taken from Greek myths and wielded by Amazons serves as a symbol of identification as well as empowerment (Addison, 2002).

In addition to symbols, words both written and spoken are used in the LGBTQ community. Addison (2002) noted that one term such as 'bare backing' is used to define gay men who have unprotected sex with other men. There are many symbols, words, phrases, and colors that can serve as representation of the LGBTQ community and being aware of these help therapists serve their clients by providing them with deeper insight into who their clients are.

Gender. Gender is defined as an individual who identifies as male, female, or outside of this spectrum and can be influenced by society or one's upbringing (Lee, 2006). Current research shows that adopting traditional gender roles despite their personal identity creates an internal conflict (Greene, 2005). Additionally, research has found that restriction of one's identity leads to unsafe sexual practices and increased substance usage (Wiseman and Moradi, 2010). This stems even deeper to internalizing cultural standards of gender, attractiveness, and sexuality, which may lead to concerns with body image and possibly to the development of eating disorders (Szymanski and Carr, 2008; Wiseman and Moradi, 2010).

Ehrensaft (2012) emphasizes and connects the concept of gender differing from one's physical sex, being based in one's mental self-concept. She aligns this thought with Winnicott's (1965) ideas of the true and false self. In working with children, Ehrensaft (2012) found that the majority of children develop an understanding of their gender at an early age. Though the

majority of children do possess a gender that aligns with their biological sex, there are some that do not identify this way. Ehrensaft (2012) stated that:

Listening to the patient has proved to be a vital source of information about the treatments we provide to transgender and other gender nonconforming youth as mental health professionals. When allowed to express their gender as they feel it rather than as others dictate it, they become enlivened and engaged (p. 338).

Beaumont (2012) discussed one case study in which an individual confronted a poorly handled circumcision, which caused them to suffer with gender identity concerns. This individual unfortunately took their own lives, due to these challenges of being unable to understand and manage these changes. These case studies were unique in challenging individuals to explore their changing identity, as well as ensuring it is accepted (Beaumont, 2012).

Silverman et al. (2013) also found the importance of having a space where sexuality and identity are accepted because they found that concealing often leads to isolation, and the potential for suicidal ideation. The case studies provided by Beaumont (2012) depict that LGBTQ individuals need space to explore their identity and need to be accepted in their lives, which the therapeutic space can offer. Pelton-Sweet and Sherry (2008) addressed the needs of bisexual individuals, noting that they face unique challenges in dealing with isolation from both Gay and Straight groups as well as struggling with feelings of attraction regarding both genders.

Sexuality. Sexual orientation is defined as one's emotional, physical, and sexual attraction toward other individuals (Chung, Szymanski, and Markle, 2012; Savin-Williams, 2014). This includes identifying as homosexual, heterosexual, lesbian, bisexual, queer, or asexual. Evidence shows that sexual orientation has been noted as being influenced by prenatal hormone development, genetic inheritance, and familial psychosocial factors (Savin-Williams,

2014). Other attributing factors include erotic desires, sexual fantasies, romantic relationships, and infatuation (Chung, Szymanski, & Markle, 2012). These factors emphasize that sexuality and sexual orientation are not choices made by these individuals (Chung, Szymanski, & Markle, 2012; Savin-Williams, 2014).

Sexuality and sexual orientation has previously been noted by Chung, Szymanski, and Markle (2012) as being part of a larger spectrum, with varied degrees of non-exclusivity between both homosexuality and heterosexuality. The Kinsey scale was developed with seven points to determine sexuality, and where it aligns from being exclusively homosexual, heterosexual, or somewhere in between (Savin-Williams, 2014). Another such scale utilized is the Klein Sexual Orientation Grid (KSOG), which is characterized as a more expansive version of the Kinsey scale; it addresses attraction, fantasies, emotional/social preference, lifestyle, and self-identification (Klein, Sepekoff, & Wolf, 1985). These themes are then explored through the past, present, and ideal (Klein, Sepekoff, & Wolf, 1985).

With the current tensions rising in America, the research supports that individuals in the LGBTQ community need a safe space to explore who they are. This is a community that is in need of exploration, validation, and support of their identities, either gender or sexual in nature. This pattern of needing space to explore gender or sexual identities is prevalent in mortality rates, highlighted in a study conducted by Haas and Lane (2015). They have reported observing more disparities in suicide rates in comparison with heterosexual counterparts. These discrepancies have been tied directly to the ability for those in the LGBTQ community to explore and express their identities freely (Hass and Lane, 2015).

Clinical Concerns of the LGBTQ Community

While several different psychotherapeutic techniques have developed to help this population, specific therapy techniques may help the LGBTQ community as they struggle with the many stressors they face. Since the change in the late eighties, The American Psychological Association (APA) has become increasingly progressive on their stances regarding the LGBTQ community by increasing advocacy for LGBTQ rights. For example, the APA has adopted policy statements that are supportive of this community, which includes: fighting against discrimination in legislation, in society, and speaking out against hate crimes (Paige, 2005). Although these strides have been made, there are still mental health professionals that hold harmful biases and beliefs about the LGBTQ community, which only creates a more negative environment for individuals in this community (Chung, Szymanski, and Markle, 2012).

The rate this community dies due to suicide is 5-6 times greater than heterosexual individuals and a primary reason why these individuals are in need of psychological services (Hirsch et al., 2016; Stone et al., 2014). The underlying reasons why this rate is elevated include struggles with mental health connected to the acceptance of one's identity, along with opportunity to explore changes in it (Beaumont, 2012; Ahuja, 2016). Lastly, theoretical frameworks and therapeutic techniques are explored that are found to best serve these individuals.

Mortality rates. Annually, there are 40,000 deaths in the United States as a result of suicide, making it the 10th leading cause of death (Hirsch et al., 2016). As a whole, 4% of the population has attempted suicide (Hirsch et al., 2016). The rate at which individuals in the LGBTQ community will die by suicide is 5-6 times greater than their heterosexual peers (Hirsch et al., 2016; Stone et al., 2014). Suicide is the second leading cause of death for all college

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students indiscriminately (Ahuja, 2016; Hirsch et al., 2016; Walker 2001). This is attributed to increased hopelessness, depression, and suicidal behavior as a result of discrimination and stigma (Hirsch et al., 2016). Hirsch et al. (2016) reported that 40% trans individuals have stated that they have attempted suicide.

This data suggests that individuals in the LGBTQ community, especially those that are youths, are the more likely to attempt or commit suicide than their heterosexual counterparts. In addition, Ahuja (2016) observed a connection between adolescents that identify in the LGBTQ community and the higher risk to develop detrimental mental health conditions such as depression and anxiety. This was attributed to experiencing stress from bullying and discrimination in schools (Ahuja, 2016). Velkoff et al. (2016) reported that sexual minority women struggle with conceived notions that they are being a burden on others combined with feelings of failed belongingness, may be indicative of present suicidal ideation. These findings support the need for resources in coping with stressors including, but not limited to identity acceptance, minority stress/discrimination, social isolation, low self-esteem, and mood disorders such as depression and anxiety (Ahuja, 2016; Hirsch et al., 2016; Silverman, Smith, & Burns, 2013; Velkoff et al., 2016; Walker 2001).

The work of Haas and Lane (2014) explored the disparities in suicide rates of LGBTQ persons, compared to their heterosexual counterparts. Their research utilized prior studies and explore the inconsistencies in research, noting the problems with limitations placed on these studies, and the use of inconsistent samples sizes (Haas and Lane, 2014). However, their research noted that data on gay men reported that they were “5-6 times more likely to die by suicide than men who were married to women and twice as likely as never-married heterosexual men” (Haas and Lane, 2014, p. 2). Haas and Lane (2014) and Ahuja (2016) have all noted that individuals in

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the LGBTQ community are displaying higher rates of depression, more relationship problems, increased stressors present in their lives, with a lower rate of psychiatric treatment. The findings of Haas and Lane (2014) showed that mortality rates tied feelings of acceptance of identities within this community. Hirsch et al. (2016) found connections between LGBTQ self-identification and suicidal behaviors.

This work not only allowed their participants to initiate a dialogue about difficult subject matter like suicide and suicidal ideation, it also encourages perspective taking and examining the interplay of cross-cultural themes. Their study found that utilizing an arts-based approach helped to facilitate discussions of topics that are considered taboo in many of the participant's backgrounds. This helped to create a sense of community and became essential in processing such a taxing subject matter like suicide, while manifesting the perspective of these individuals (Silverman et al., 2013).

Contributing factors. There are a multitude of reasons why individuals in the LGBTQ community are considered an at-risk population (Hirsch et al., 2016). Chiefly, there is the need for acceptance to understand one's unique identity and space to explore it (Beaumont, 2012; Haas and Lane, 2014; Ahuja, 2016).

The rise in suicidal ideation within this population is not the result of one simple cause or factor but many complex components, which impact the well-being of individuals in the LGBTQ community (Hirsch et al., 2016; Silverman, Smith, & Burns, 2013; Walker 2001). As noted above, there is clinical evidence that individuals in the LGBTQ community are displaying higher rates of depression, more relationship problems, increased stressors present in their lives in contrast with a lower rate of psychiatric treatment (Haas & Lane, 2014; Ahuja, 2016). Other similar factors noted in the literature include low self-esteem, substance abuse problems, mood

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disorders, anxiety, isolation, discrimination, and lack of support in social and familial settings (Ahuja, 2016; Haas and Lane, 2014; Hirsch et al., 2016; Silverman, Smith, & Burns, 2013; Velkoff et al., 2016; Walker 2001).

Psychotherapy and the LGBTQ Community

Engaging in psychotherapy can provide opportunities that help individuals in the LGBTQ community in coping with stressors that may motivate them to take their own lives (Hirsch et al., 2016). Hirsch et al. (2016) noted that both Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) were psychotherapeutic techniques utilized to help this population develop goal setting to decrease hopelessness. Israel et al. (2008) found that nonverbal signifiers including nodding and eye contact, follow up questions, and validation were found to be beneficial for the LGBTQ community. The study conducted by Reading and Rubin (2011) found that group therapy helped LGBTQ asylum seekers who experienced persecution by encouraging a sense of community, which allowed personal sharing with other people going through similar struggles. It was noted that retraumatization happens frequently for individuals seeking asylum, because they are asked to recount their experiences multiple times in the relocation process (Reading and Rubin, 2011).

Reading and Rubin's (2011) research reported that members of the LGBTQ community are at risk for various mental health problems, including depression, anxiety, and substance abuse; this is only exacerbated by experiencing discrimination. They noted that Western therapeutic techniques often stress the importance of the individual and their progress, which may create a sense of blame rather than considering how the individual is impacted by societal factors (Reading and Rubin, 2011). Individuals in the LGBTQ community risk potentially retraumatizing themselves by attending individual sessions (Reading and Rubin, 2011). The

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authors found that group therapy was effective by providing a non-blaming sense of support and sense of safety, while encouraging solidarity among group members (Reading and Rubin, 2011). It is important for therapists to stay attuned to multicultural sensitivities and maintain a heightened sense of mindfulness when working with minority populations, such as those described here. The ideals from other countries held about therapy may unintentionally alienate some clients due partly to the perception that the therapist has power over the client, impacting how comfortable they are sharing with the therapist (Reading and Rubin, 2011).

Israel et al. (2008) investigated the impact of several different approaches and their success when working with the LGBTQ community. Israel et al (2008) used structured approaches including giving advice, setting goals, and suggestions, and non-directed ways including listening and reflective silence, and explorative methods including questions and reframing; these techniques were all reported as being helpful for the LGBTQ community. From this study, the clients described therapists who they perceived as cold, emotionally distant, and/or disconnected from them as not beneficial. Additionally, therapists that asked “why” questions or used silence excessively without providing feedback were seen as not helpful by LGBTQ clients. Thirty one percent of individuals in the LGBTQ community noted specifically that therapists that imposed judgements or beliefs upon the client were found to be ill-disposed (Israel et al., 2008). The information provided by helps provide clear examples of behaviors and tactics that are beneficial and those that detrimental for the LGBTQ community.

Both Greene (2005) and Talwar (2010) insist on the importance of therapists acknowledging the identities of their clients, emphasizing the importance of acknowledging differing worldviews based on life experiences. Beverly Greene (2005), an esteemed psychologist with an extensive publication record in writing about marginalized populations,

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including LGBTQ individuals, noted that individuals that identify outside the majority are often asked to disregard their feelings when addressing the oppression faced because of their differences. Williams (1991) dubbed this the “idiocies of High Objectivity,” where those in a position of lesser power are asked to ignore their perceptions of not assimilating, which undermines what these individuals may struggle with (p.12). The majority group then does not have to adjust their own cultural lens to be more objective for those that do not fit the majority narrative (Williams, 1991).

Identity is a discussion that has become more prevalent as diversity has become a greater concern, this along without understanding of what identity is (Green, 2005). In working with individuals whose identities differ from the majority, the therapist must consider how the external world can impact one’s internal sense of self (Greene, 2005). Special consideration for minority individuals, specifically those exploring sexual orientation and gender, must be considered by the therapist. Due to additional discrimination based on their minority status, there is a focus on the hierarchy they must navigate to thrive in our society. This is in addition to finding ways to cope with the psychological trauma that may be present (Greene, 2005).

Therapeutic frameworks. When engaging with clients, it is important for therapists to be mindful of the many factors clients face when they seek services. Utilizing an intersectional framework can help therapists see the factors that will impact clients in totality. Findings of Talwar (2010), Hocoy (2011), and Coyle (2017) stress the importance of operating from an intersectional framework in order to better serve the client and meet their needs, while questioning the readiness of therapists to interact with LGBTQ community. Working from an intersectional framework will allow therapists to reach clients more effectively, by encouraging therapists to be mindful of other outside factors that may impact the client such as race, gender,

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sexuality, and class (Talwar, 2010). Such frameworks also keep therapists' awareness and understanding of the struggles clients face specifically, the LGBTQ community, and the history that is present as a result of collective trauma (Talwar, 2010). Hocoy (2011) noted that it is also important to be self-aware of one's own biases, as well as those generated from the therapeutic field.

Talwar (2010) encourages therapists to operate by viewing clients from a sociocultural standpoint, noting that these factors can be often isolated. Being aware of factors such as race, class, gender, and sexuality can provide therapists with a more expanded view of their clients (Talwar, 2010). Talwar (2010) believes that moving forward as a therapist does require expanding one's psychological practices, but we must do the same socially and culturally as well. She describes the value of using an intersectional framework as being useful because it challenges therapists to move away from a comparative mindset of who suffers more inequality. They can transform into therapists who possess a more refined view of the client's daily experiences and struggles (Talwar, 2010). Doing so can personalize the experience for the client and the therapist. This framework will not only help expand the view of the client, it will provide space for therapists to be conscious of their own privileges that they possess (Talwar, 2010).

Talwar (2010) stresses that factors of identity including sexuality, gender, race, and class are often regarded as isolated concepts, this can make it difficult to connect with clients. She encourages viewing client identities through an intersectional lens where culturally and socially competencies may be lacking, additionally encouraging therapists to look inward to examine their own personal biases (Pelton-Sweet and Sherry, 2008; Talwar, 2010). This can prevent therapists from viewing these differences as a "normal-versus-abnormal" binary (Talwar, 2010;

Hocoy, 2011). This binary way of thinking is dangerous as this can hide oppressive constructs by neutralizing differences (Talwar, 2010).

Therapeutic approaches. Affirmative therapy is defined as, “a type of therapy which values both homosexuality and heterosexuality equally as natural or normal attributes, (Davies, 1996). This framework of therapy encourages seeing individuals in the LGBTQ community in a positive light, providing support for these identities while addressing negative impacts of homophobia. Coyle (2017) finds that affirmative therapy helps therapists develop their knowledge on what is and is not acceptable when working with LGBTQ clients. Therapists can confront held beliefs about the LGBTQ community, encouraging integration of these principles into active practices. Davies (1996) states five core circumstances that promote respect and prompt understanding of the LGBTQ community. These core circumstances are respecting one’s sexual orientation, respect for personal integrity, respect for sexual orientation, respect for lifestyle and culture, and respect attitudes and beliefs. Affirmative therapy can benefit clients by understanding conflicts that impact them and can help these individuals find sense of self-acceptance and balance with the world (Hicks, 2000).

The theme of identity reoccurs in the works of Pelton-Sweet and Sherry (2008), Beaumont (2012), and Haas and Lane (2014). According to Pelton-Sweet and Sherry (2008), art therapy offers a space where this identity can be explored and ease struggles when sharing this piece of identity with their loved ones. Beaumont (2012) states that the LGBTQ community need a supportive environment when exploring this sensitive topic, offering Compassion Oriented Art Therapy (COAT) and Compassion Focused Therapy (CFT) as two frameworks to operate from when exploring identity. Beaumont (2012), Haas and Lane (2014), and Ahuja (2016) stress that space must be provided to explore identity for the LGBTQ community, if not there are severe

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ramifications. Beaumont (2012) specifically sites an incident when a client took their lives because they struggled with their identity, while Haas and Lane (2014) find identity as being an influential piece concerning mortality rates. Ahuja (2016) also supports this concern, finding adolescents that are part of the LGBTQ community to be at an increased likelihood to be impacted by negative mental health conditions, where more susceptible youths in the community possess higher rates of suicide attempts, both of which connect to struggles with identity acceptance by others. Noting the techniques that incorporate themes of identity will show the importance of identity to this community and help ensure safety of the LGBTQ community.

Beaumont (2012) implores therapists to be supportive and understanding with these individuals because of the societal pressures that they often face to fit into certain categories. She reported that Compassion Oriented Art Therapy (COAT) and Compassion Focused Therapy (CFT) are two ways to educate clients on the impact emotions have on the mind/body process, the impact of self-criticisms, and to encourage self-soothing (Beaumont, 2012). Her work brings attention to the impact of silencing the identities of people in the LGBTQ community, pushing therapists to reflect on these consequences. Her work also provides insight into how COAT can be vital to helping not only encourage healthy self-expression, acting as a lifesaving service. These frameworks possess principles which include themes that address identity, validation, and acceptance within the LGBTQ community (Beaumont, 2012).

Ehrensaft (2012) developed True Gender Self Therapy (TGST) to help gender nonconforming and trans children and youths. In developing this therapeutic approach, Ehrensaft (2012) used many concepts pulled from Winnicott's (1965) theories of true and false self and finds gender to be a fluid concept. Gender identity is developed though the course of one's life, starting at birth influenced by chromosomes, hormones, and genitalia. As one grows and

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develops, gender is further impacted by social constructs in places, societal norms, and the external world at large.

Ehrensaft (2012) explained the difference between one's core gender and false gender self, which mirror Winnicott's (1965) concept of true and false self. The core gender is developed internally, without impact from external forces. This is essentially one's own sense of gender identity. The false gender self is a mask worn when dealing with the outside world and adapts to societal and environmental expectations of one's gender identity; keeping the core gender self safe from external threats. This concept of Ehrensaft (2012) is not exclusive to trans, nonbinary, and gender nonconforming individuals but can extend to cisgender individuals as well. Ehrensaft (2012) states the intention of TGST is "...helping a child to build gender resilience and explore his or her authentic gender identity while acknowledging social constraints that work against its full expression" (p. 343). This therapeutic framework encourages loved ones to work towards understanding their child's core gender identity, eventually allowing their child to ultimately be who they are (Ehrensaft, 2012).

Another framework that is optimal for the LGBTQ population is a social justice framework (Ginwright et al., 2005). This encourages individuals to acknowledge and respond to problems within the community and create less hostile environments for these individuals. This extends to oppressive institutional policies, individuals beliefs, and problems that directly impact individuals in these communities (Ginwright et al., 2005). Incorporating social justice into one's practicing frameworks can help encourage professional competency and increase overall awareness of client circumstances. Clients can benefit from this by working in favor of their wellbeing and total psychological health, but this can also motive growth for communities and society at large (Hocoy, 2005).

Rhodes' (2012) notes the variety of options that are available to LGBTQ youths which foster agency and removal of barriers. She cites Gay/Straight Alliances in schools, joining online discussion groups or communities, in schools they can choose personal/political assignment topics, and finding local youth groups that cater specifically to LGBTQ individuals (Blackburn, 2004; Blackburn & McCready, 2009; Rhoades, 2012). LGBTQ youth can develop their own agency by creating educational environments in their school systems and this can also encourage youth to enact social change (Blackburn, 2004). While these are not therapeutic techniques, therapists should encourage their clients to take part in such activities in order to build community.

The LGBTQ Community and Art Therapy

Art therapy is a master's level profession in the mental health field which uses the art making process to highlight how one copes with issues that impact their lives (The American Art Therapy Association, 2017). Important themes that impact an individual's life can be examined using art to ensure emotional wellness while offering space to explore and critique specific themes that emerge from therapeutic exploration. Common overlapping factors that are important to explore for the LGBTQ community include: race, ethnicity, gender, sexuality, class, and identity. Talwar (2010) noted that being mindful of these overlapping factors can encourage an intersectional way of thinking to better serve clients while being sensitive to struggles they face due to such factors. In the case of LGBTQ clients, this would concern one's sexuality and gender, and how these can impact stress experienced in their lives.

Since art therapy clinicians have published little research on what are best practices for this community, art therapists must become competent in helping LGBTQ individuals because of the high risk associated with this population (Coyle, 2017). The American Art Therapy

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Association (AATA) does not provide specific guidelines that help art therapists know how to best support individuals that identify as part of the LGBTQ community (Pelton-Sweet and Sherry, 2008). Coyle (2017) questions if art therapists are adequately prepared to confront sensitive issues that individuals in the LGBTQ community may try to address in sessions. She agrees that utilizing an intersectional framework is the best way to service these individuals, while arguing that there are a limited number of courses offered that educate art therapists on issues that impact the LGBTQ community specifically (Coyle, 2017).

There is emphasis that art therapists must first address their own feelings regarding the LGBTQ community and homophobia (Addison, 1996). This also speaks to art therapists that identify as LGBTQ, since internalized guilt and homophobia may impact their ability to treat clients that are LGBTQ (Addison, 1996; Hocoy, 2005). Therapists can address these feelings, biases, and internalizations by connecting with colleagues that are part of the LGBTQ community, educating oneself through literature, receiving supervision, or going through their own personal therapy. Addison (1996) urges therapists to abandon hope or desire to seek out a “cure” for homosexuality, or any other identity, as these are not illnesses in need of cures, but identities that need to be accepted. To develop an environment that is more welcoming to the LGBTQ community, therapists must acknowledge these identities as part of life. Addison (1996) states “Our clients deserve the chance to reopen the closet door during art therapy, just as my client needed the opportunity to express himself in a safe environment after receiving subtle reassurance that his feelings were valid and acceptable” (p.56).

The work of Wittig and Davis (2012) furthered this notion of self-exploration by using a group, which combined art making and dance movement therapy in a graduate group setting. Taking part in these directives helped future therapists increase their awareness of the impact on

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their patients and the larger communities of the patients. The materials noted for this specific intervention utilized a combination of natural materials such as rocks, leaves, flowers, and branches, and combined them with traditional art making materials of paints, pastels, glue, and tissue paper to create a mural; this was in effort to emphasize competency in working in a group setting (Wittig & Davis, 2012). Group formats are used with this population often encourage a sense of community and connection with others that may share similar life experiences (Addison, 1996; Pelton-Sweet & Sherry, 2008). By working together at the same time, the group could easily take notice of what the others were feeling, which allowed dialogue to proceed regarding group members' sufferings (Wittig and Davis, 2012).

Hocoy (2011) offered a foundation that combines art therapy and social action to encourage a framework to better serve the LGBTQ community. He provided a space to consider the impact of image in enacting social justice, using homophobia as a starting point for the impact of society on one's individual psychic process (Hocoy, 2011). Hocoy (2011) asks art therapists to closely examine their passiveness in the face of injustice, emphasizing that therapists must confront the harmful history of the psychiatric field, for example, homosexuality being defined as a mental disorder rather than a form of sexuality. Therapists must remain aware that harmful ideologies have been placed on the LGBTQ community in the past (Hocoy, 2011). Ultimately, this can encourage art therapists to act as agents of change alongside their role as a therapist and to break this cycle by acknowledging that social justice plays a role when addressing the LGBTQ community within the realm of art therapy.

Creating environments for art therapy practice. Artistic expression can offer prospects for understanding and increased empathy towards socially excluded groups such as the LGBTQ community. Providing a space where individuals can express what they are unable to in

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words, while providing something tangible for their feelings and experiences can facilitate connection. Addison (1996) stresses that art therapists can create a space where individuals in the LGBTQ community are able to feel safe, validated, and accepted.

Pelton-Sweet and Sherry (2008) recommended utilizing a weekly support group format when working with clients that identify as LGBTQ when addressing issues of relationship dynamics and experiences with external and internal hatred. This format was best suited for LGBTQ youth to process their identity as they prepare to come out. Support groups also encourage healthy discussion of sexuality, develop social skills, and help in familiarizing these individuals with available social and health services are specifically for the LGBTQ community.

Beaumont (2012) considered the idea of creating a supportive environment for people apart of the LGBTQ community, particularly those who are gender variant clients. She explores a distinct case study where one individual took their life because they were not given the space to explore this potential gender identity, after experiencing a traumatic circumcision that went wrong. This led to this individual questioning their identity.

Addison (2002 & 1996) believes that art therapists can encourage a more “gay friendly” therapeutic setting by offering gay themed magazines in the waiting room or for creating collages. The therapist must be mindful of appropriate language that is inclusive and respectful to all individuals, avoiding terms like, “lifestyle.” Addison (2002) states:

Art therapists must remember that the art room may be the only place GLBT (Gay, Lesbian, Bisexual, Transgender) clients may feel comfortable enough to be themselves; it may be the only place they feel accepted for who they truly are. As a profession, therapists must be sensitive to the needs of all clients (p.64).

Art therapists must be mindful when working with LGBTQ clients. There is a need to be informed on what directives are shown to be most impactful with this population and have awareness of important terminology, phrases, and prevalent symbols in the LGBTQ community. This may allow the client to share their identities with the therapist in a way that is more discreet and comfortable for them. Language used on official documents can also be altered to be more inclusive to LGBTQ clients, terminology like partner, significant other, or spouse can open doors for clients to feel more welcomed in the therapeutic space without assuming clients are heterosexual. Addison (1996) also reported that music created by LGBTQ artists in waiting rooms or played during art creation create an inclusive space. By mindfully setting the physical and psychological space where therapy is to take place, art therapists can help decrease uneasiness for LGBTQ persons.

Approaches in Art Therapy

Themes of identity, self-exploration, and self-expression are just some of the themes that arise when working with the LGBTQ community. In addition to finding ways to cope with discrimination and stigma. The work of Borshuk and Cherry (2004) show that using art therapeutically can be helpful to identify harmful systems in the psychiatric field, and society at large. The art therapy field has provided some techniques that address themes such as coming out, identity and sexual identity, internalized homophobia, and critiquing societal attitudes towards the LGBTQ community.

Symbols. Addison (2002) encourages art therapists become informed on important symbols that are relevant to the LGBTQ population should they reveal themselves in client artwork. This can be the client's way of sharing this sensitive information about themselves, their sexuality, or their stance with this community in a more discreet way. Symbols can present

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themselves in the art through color use that represents the specific community the individual identifies with, such as the rainbow to represent Gay men or the LGBTQ community as a whole; pink, purple, and blue aligned together to represent the Bisexual community; and blue, pink, and white striped flag to represent the Trans community (Addison, 2002). Symbols like the equal sign, triangles, and labrys can also arise in artwork, possibly as a way of sharing their identity with the therapist. Therefore, it is important to be informed of what symbols and colors mean for each piece of the LGBTQ community. Another important symbol that is not specific to this population, but likely to appear with LGBTQ clients given their higher risk for suicide, is the semicolon. In the last few years, the semicolon, and specifically a semicolon tattoo, has become a symbol associated with depression, mental illness and suicide prevention (Project Semicolon-Mental Health Community; 2017). A therapist's increased knowledge and understanding of these symbols and the importance within the LGBTQ community can help clients feel more heard, validated, and strengthen the therapeutic bond.

Directives and materials. Pelton-Sweet and Sherry's (2008) study reported specific art therapy techniques and directives that are best utilized with individuals in the LGBTQ community. Some examples included using collage materials to help confront instances of bigotry and hatred experienced (in either a group or individual settings) and self-portraits, which helped to explore themes of identity. Pelton-Sweet and Sherry (2008) found that art making was valuable when working with trans individuals specifically, citing that these individuals many feel "anxiety, confusion, or discomfort regarding their birth assigned sex," and the authors also noted that art making encouraged exploration of sexuality, shame, familial conflict, enmeshment, fear, anger, disapproval, and discrimination. In closely examining self, the *Inside Me, Outside Me* directive encourages clients to create two self-portraits, one they present to those on the outside,

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or the “outside me,” and the private self that exists within, or “inside me” (Pelton-Sweet and Sherry, 2008). Creating art was also found to build emotional safety. Another approach offered by Pelton-Sweet and Sherry is creating a safe space for an animal figure, which can parallel with the self and creating what environment is best suited to care for oneself. Pelton-Sweet and Sherry (2008) discussed how self-portraiture encourages self-examination with questions about are clients’ identities and why they hold certain beliefs surrounding identity. Self-portraits created with collage allow LGBTQ individuals to explore and depict where they view themselves in their respective community, while including words and phrases that may help clients to better articulate themselves (Pelton-Sweet and Sherry, 2008).

Silverman, Smith, and Burns (2013) emphasize this need to explore and express one’s feelings regarding identity and suicidality through the use of a variety of creative arts modalities including: drama, art making, music, and writing. Their case study revolved around the development of a symposium where LGBTQ individuals came together to reflect on trauma they had faced in the past. The symposium included 18 people of color (POC) who used a variety of art materials including blank masks, collage materials, colored fabrics, found objects, cedar branches, poles, and more. They focused on acknowledging the impact of the trauma faced, and moving towards healing from what has happened, asking questions such as: “Who is responsible?” and “How can we flower again?” They created art in small groups that tackled different themes. For example, one group used natural materials (e.g. feathers, cedar sticks, stones, and bamboo) to create a sculpture which focused on connecting back to nature as a means to alleviate pain. Prior to this, the participants in the symposium engaged in performance art titled, *Invisible Pain*. This was a performance piece where clients in small groups contorted their bodies into painful positions while narrating poetry that illustrated how they were feeling.

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Ultimately, creating art provided some reflective distance for LGBTQ individuals to explore deeply personal issues while providing a safe space to engage with these problems.

Bourshuk and Cherry (2004) cited creating an exaggerated, humorous diagnosis made up from the Diagnostic Statistical Manual (DSM). An example is Delusional Dominating Personality Disorder-DDPD, which is intended to poke fun at labeling, bringing attention to discrimination present, and contrasting the differences between women's and men's mental health and surrounding treatments (Bourshuk and Cherry, 2004).

Claiming a space in the community through art. Providing a space in the community can allow for questioning of power structures in society, critiquing problematic stereotypes, and challenging negative thoughts about communities via counter narratives (Fobear, 2017). Ways to confront these themes are varied, Fobear (2017) assembled LGBT refugees in Canada to create a mural and documentary as a community-based arts project, to encourage community, and provide support. The *Painted Stores* project allowed several refugees to come together to speak freely about the oppression they experienced. They were able to find refuge in their ability to engage with the art during creation as well as after when processing what was made. There was a sense of empowerment felt as these LGBT refugees could take ownership over their narratives, in how they are visually represented to outside viewers (Fobear, 2017).

Newman (2010) created two art installation pieces which addressed the impact of slurs and derogatory phrases on youths in the LGBTQ community. She shared her personal development becoming an activist and art therapist, and how this can help process feelings that arose when interacting with the installations (Newman, 2010). These installations created a space for LGBTQ youth to be able to share their experiences with others while educating those that are not familiar with this community by reflecting how what LGBTQ youths have experienced. One

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installation, titled "*I'm Rubber*," featured several desks covered in tar, that spelled out various slurs that these individuals had been labeled before. Sitting with the desks were some stories of LGBTQ youth about how they had been bullied and impacted by these words and how these experiences made them feel. Being in this space encouraged reflection on the impacts these phrases can have on these individuals. Art installations are a format which can provide space to explore these themes, while simultaneously allowing for self-reflection and encouraging perspective taking (Newman, 2010).

Rhoades (2012) explored several programs which emphasize developing a sense of belonging in the communities where LGBTQ youths reside. The Youth Video OUTreach (YVO) encourages LGBTQ youths to create documentaries of their lives, focusing primarily on being gay and coming out in high school. The creator, Liv Gjestvang found this can provide both formal and informal connections with understanding adults; this connection established not just a sense of community, but also encouraged adults and youths to work together towards social justice. Intergenerational relationships can emerge, which improves social awareness regarding concerns of the community in pairing youths with resources to complete this project. These concepts can also extend to social networks, political ideas, and experiences gained in the process.

Another community-based project explored by Rhodes (2012) is Artivism and Agency, where a digital mural is created via digital media. Artivism is defined as the mix of art creation and activism, and the relationship that exists between the two. Using digital media in this process allows youths to represent themselves as they wish, unfiltered by adults, with almost unlimited capabilities. This has encouraged youths in the past to be devoted researchers in their

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communities, allowing them to retell their stories outside of how the media represents their stories as.

CHAPTER IV

RESULTS

Using the method of a scoping review, databases available through Indianapolis University Purdue University (IUPUI) were exhausted with generic search terms (see Table 1).

Table 1

Initial Search Terms and Databases

Search Terms	Subject Keywords	Databases
Art, Art Therapy, Bisexual, Counseling Techniques, Gay, Identity, Lesbian, LGBTQ, LGBT, Mortality, Psychotherapy, Sexuality, Suicide, Therapy, Therapy Techniques	Art Therapy, Bisexuality, Counseling Techniques, Gay, Gender Identity, Lesbianism, LGBT, Psychotherapy, and Sexual Orientation	Academic Search Premier (Ebsco), ERIC, Google Scholar, IUPUI-World Cat, Psycho INFO, and SAGE Publications

These search terms resulted in additional keywords taken from the titles and abstracts. This data is displayed in Table 2.

Table 2

Identified Search Terms and Yielded Results

Keywords			Yielded Results
LGBT	“therapy”	Mortality	2
Lesbian	Mortality	Therapy	13
Trans	Mortality	Therapy	9
LGBTQ	Death	“Therapy”	3
Gay	“Therapy”	Suicide	54
LGBTQ	“Therapy”	Identity	8
Gay	Lesbian	Identity	“Suicide” 25
gay	Lesbian	Identity	“Suicide” 24
Gay	Mortality		2,438
Lesbian	Mortality		503
Lesbian	LGBT	Mortality	7
Lesbian	Mortality	LGBTQ	0
Gay	Mortality	LGBTQ	1
LGBT	Art	Intervention	446
Gay	Suicide rates	LGBTQ	4
Gender identity	Therapy	Sexuality	18
Identity	LGBTQ	Psychotherapy	12
LGBT	Gender	Identity	77
LGBTQ	Gender	Identity	28
LGBTQ	Gender	Sexuality	Identity 11
LGBTQ	Art	Therapy	Arts 2
LGBTQ	Art therapy	art	1,485
LGBTQ	Therapy	Art	1
LGBTQ	Therapy	Art	Safe place 0
LGBTQ	Therapy	Safe place	1
LGBTQ	Psychotherapy		5
LGBTQ	Psychological service		0
LGBTQ	Psychological services		0
LGBT	psychotherapy		23
LGBTQ	Gender	History	5
LGBT	Gender	History	5
LGBT	Gender	Male, Female	Identity 0
LGBTQ	Sexuality	History	4
LGBT	Art	Community outreach	3
LGBT	Art	Community	35
LGBT	Art	Community project	1
LGBTQ	Art	Community	18
LGBT	Arts	Community	16

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As search terms became more specific, results yielded decreased significantly than when using more general terms. The scoping review method yielded a total of 61 sources and 24 key words were identified as pertinent to this study.

What arose was the limited amount of information found when exhausting the search engines and databases for specifically art therapy directives and techniques with the LGBTQ community. In contrast, more results were yielded when searching for art with LGBTQ included education or community art projects. Out of the 1,485 results that were yielded using the terms “LGBTQ,” “Art therapy,” and “art,” only 6 sources met the criteria to be included in this study. This was attributed to articles that were included in search results, using art in the sources, but not doing actual art therapy, different combinations of search terms yielded more usable sources, or often times overlapped in results.

Overall, there were 8 articles and 3 books that were used that specifically spoke to art therapy and the LGBTQ community, and 2 articles that discussed arts-based activities with the LGBTQ community. Thirteen sources catered to psychotherapy and the LGBTQ community, 12 articles and 1 book. Seventeen articles, 1 book, and one unpublished thesis helped to provide a comprehensive understanding of the LGBTQ community and 2 surveys regarding the changing attitudes of America towards this community. Thirteen articles were found that elaborated on identity, sexuality, and gender specifically. The information expanding on this population included information regarding current events that may impact the LGBTQ community and conversion therapy information. When searching there was a significant amount of information available to help explain important terminology to improve understanding of the LGBTQ community. There was some information found when exploring psychotherapy techniques and frameworks that benefit this population, with many resources found to help therapists in treating

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LGBTQ clients. When compared with the number of sources found when gathering research for servicing these individuals in the field of art therapy, there was a notable increase.

CHAPTER V

DISCUSSION

Lumping

Where the research needs to improve is in avoiding the case of lumping multiple minorities together. Often in searching for work that focuses on the LGBTQ community results would produce work that would lump several different populations together. One example being LGBTQ individuals and refugees, or results like lesbian and bisexual women of color would arise when attempting to search generally for results for the LGBTQ community.

Coyle (2017) addresses the concern of lumping LGBTQ individuals with other minorities, resulting in art therapists potentially lacking in their understanding of this community. The lumping of several minority groups can hurt art therapists in this regard, leading to a lack of understanding of this, and other minority communities. Art therapists must be informed should they choose to work with this population, developing their understanding of this community, and strengthening those competencies.

Art Therapy Concerns

Some results that arose during the research, and sources were excluded because they did not meet the criteria for providing art therapy. These articles utilized art education, other therapeutic approaches, or the services were not provided by an art therapist. Also, in sources there were no explanations of rationale in material or directive choice for the art experiences discussed. This pattern is seen when searching for art therapy-based research. Often the rationale for the choice in the directives and materials were not given. More importantly, there was a question if these activities were conducted by an art therapist due to the ambiguous nature of the literature.

Another area needed to be explored further is how art therapy can help LGBTQ individuals to cope with suicidality. As previously mentioned, there are unique factors these individuals deal with including: mood disorders like depression and anxiety, substance abuse, and problems in interpersonal relationships including family and partners that effect LGBTQ individuals and may motivate them to take their own lives. Results connected to these issues to the elevated suicide rate, however there were no approaches within the field of art therapy that could explore how to help clients deal with the impact of this comorbidity. Developing research to explore potential art therapy approaches that can help the LGBTQ community deal with this subject matter of suicidality is needed.

Ethical Concerns

Previously it was mentioned that the 45th president's administration has created a shift in the political climate of the United States of America. The data provided by Ipsos (2017) and The Harris Poll (2018) illustrate a trend of negative attitudes towards LGBTQ individuals increasing in the last year. With the rising trend in persecution of the LGBTQ community socially and politically, this community is one that is in need of support. The research however has not moved with this rising need. There needs to be a push for more research done in art therapy that shows what is and can be done to help this community.

Another issue that arises is the tendency to merge multiple minority groups together, rather than seeing them, and addressing these needs individually. This lumping of multiple minorities can be harmful, others may fail to see the individual needs within each community that is lumped with the LGBTQ community. One example seen in the work collected was the amount of overlap of LGBTQ results with refugees.

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A more specific concern that needs to be addressed are the mixed feelings many art therapists have regarding a specific individual from the current administration becoming a figure that is associated with art therapy. They have stated their goal is:

I want to get more people aware of art therapy, not only for children who are going through an illness, but adults as well who have gone through trauma (Louis, 2017, para 5).

Backlash has come not because of who this individual is, but rather what the administration they are part of and what that represents. This person desires to spread the mission and work of art therapy to those that have illnesses, experienced trauma, and have dealt with loss (Louis, 2017, para 5). This individual's presence has created a rift in the field, with some art therapists supportive of this person's mission, while others are skeptical. Irene David, the director of therapeutic arts at NYC health and hospitals, found their presence to be "a breath of fresh air," in specifically highlighting the profession of art therapy (Louis, 2017, para 7). Savneet Talwar, an associate professor of art therapy at the Art Institute of Chicago, instead believes the administration this individual represents conflicts with the mission of AATA, stating:

"There is real divisiveness between art therapists. Aligning yourself with her means you're not being true to our ethical principles" (Louis, 2017, para 10).

While there are many differing perspectives on this issue, the administration this individual hails from can neither be overlooked, nor denied. Many minority groups have been affected by the choices of this administration, the LGBTQ community is one population that has been greatly impacted. This community has come a long way to be visible and accepted, and with the progress that was made by the 44th administration, the 45th has clearly regressed. In accepting this individual's help to spread art therapy throughout the nation, this is something to consider. Considering these ethical complications, both AATA and practicing art therapists

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should be cautious of the support this individual offers. Art therapists are called to help those in need, the LGBTQ community is one of many of these populations. However, this figure is a representative of an administration that has passed legislature that is harmful to the LGBTQ community. Is it responsible of art therapists to allow this individual to champion art therapy if they are actively harming those we serve? If so, is this the responsible thing for art therapists to do?

CHAPTER VI

CONCLUSIONS & RECOMMENDATIONS

Based on the searches done, there needs to be more empirical research executed that explores what are best practices for the LGBTQ community, although what is currently available is a commendable start.

Recommendations

While what emerged in the research was very beneficial, there are still ways these could be developed further. One way this was apparent was the language used in articles, which can signify the time of the article depending on when it was written. Consistent and accurate language is necessary when discussing this population, mislabeling an individual may be unintentionally harmful. There must also be care in avoiding derogatory terminology with LGBTQ individuals and be considerate to the historical impact certain words and phrases have.

Research. Research could improve on being more specific on their focuses of the issues that specifically impact the LGBTQ community. Suicidality as a subject arose with the population during searches, though this was at times expanded to other populations. For example, there was an overlap between the LGBTQ community, refugees, and youth populations. More research that is devoted strictly to the LGBTQ community would be beneficial, since there can be a more specific look at how this community is impacted by suicide.

The work done in the field to understand the LGBTQ community is growing and developing, this extends to current events and their impact. With these developments, the current trend showing that LGBTQ individuals are more tolerated in society, though there are still struggles in the United States and worldwide. Research in the field of art therapy however, has not grown as significantly. There are articles which discuss the presence of art in working with

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this community in instances of community collaboration and education, yet there needs to be more research done with art therapy specifically.

The research found suggested that collage materials work in best service of these individuals, encouraging expression of identity. Self-portraits were also considered to be helpful when exploring identity, when used with collage can help clients view themselves alongside their community while using words to help articulate themselves. The directive “*Inside me, Outside me*” also dealt with the concept of defining oneself by contrasting the self that is presented to the outside world with the internal private self, this encourages emotional safety.

LGBTQ individuals are known to have an increased rate of suicide; with this come other clinical concerns arise for this community. The comorbidities that arise with these suicide rates are some areas are where research could be developed further. Doing this would require focus on the LGBTQ community rather than lumping them together with other minorities, which was often seen when gathering research. Intersectionality is important in treating clients so we can see individuals in totality, however to focus directly on the part of identity that is LGBTQ, there needs to be more research done to develop what is needed for this piece of identity and how art therapy can be used.

Using the scoping review method, more art therapy approaches and considerations for LGBTQ individuals emerged than were expected. Psychotherapeutic techniques were also specifically noted by LGBTQ individuals as being beneficial along with psychotherapeutic frameworks. Research can improve in specifying if the art making in the article is art therapy by clearly defining what art therapy is. With this, there should be inclusion of rationale for what is being asked of the participants and material choice. There have been strides taken to ensure there

are options for these individuals to receive care, yet in the field of art therapy there is still work that must be done.

Conclusions

Art Therapists and education. Coyle (2017) touches upon needing an intersectional framework to service clients, stressing that art therapists are not adequately prepared to work with the LGBTQ community. She cites the limited number of courses with information pertaining to the LGBTQ community, being placed alongside multicultural concepts (Coyle 2017). It is stressed that more classes are needed, in art therapy programs specifically, addressing cultural competencies (Coyle, 2017). There is a need to be aware and knowledgeable of the LGBTQ community's struggles, including but not limited to internalized homophobia/biphobia, discrimination, religious oppression, and prejudice in society (Coyle, 2017, Hocoy, 2005). Coyle (2017) explains, should there be an increase in such programming, art therapists may be able to create, "an effective, nonthreatening therapeutic experience for individuals in this population" (Coyle 2017, pp.23). Her use of affirmative therapy is one form of practice for the LGBTQ community that can help to inform therapists when engaging with these clients (Coyle, 2017).

Coyle's (2017) work shows why therapists need to develop an understanding of LGBTQ individuals, specifically noting that the education art therapists receive is not comprehensive enough. There is a need to expand on the minority and multicultural portions of the educational curriculums, providing a more comprehensive look at not just minority groups, but the LGBTQ community more specifically. This tendency to lump multiple minority groups is failing to provide each individual group the attention that it deserves. Each group experiences their own struggles and possess their own unique culture. To discourage this in professional practice, this should not happen in the classroom.

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When working with this community, it was encouraged that therapists be self-reflective and cognizant of any biases regarding LGBTQ individuals. Therapy and self-reflection were highly encouraged for therapists to address feelings and biases. Being proficient on important terminology and symbols that define this community was also encouraged throughout the research so therapists can be informed on who they are treating. With this, it is also valuable to be informed on harmful current events that may impact LGBTQ clients. The data showed therapists can also create a gay friendly environment by being mindful of phrasing on paperwork, ensuring that terminology used is not strictly heteronormative, including LGBTQ magazines in the waiting rooms and collage materials, and including music performed by LGBTQ artists.

There were several treatment approaches that were outlined as being in best service of the LGBTQ community that can be used by therapists in the future. These frameworks included COAT, CFT, intersectional framework, affirmative therapy, true gender self therapy, and the social justice framework. These frameworks all encouraged ideals of acceptance of clients and their identities, while supporting clients as they explored the changes in their identities. These changes include physical, sexual, and gender.

Group formats rather than individual sessions are considered as best practice for this community based on the research collected. Rationale includes the formation and development of a sense of community in the group with other individuals that can relate to similar life experiences. While individual sessions can benefit LGBTQ individuals, group settings are preferred specifically to encourage clients to connect to others with similar shared experiences. Online support groups were noted as being impactful for youth populations, but overwhelming

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research proved to be in favor of in person support groups to help create a sense of community while building support in the group setting.

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